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Fill in this information to identify your c	ase:	
United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS		
Case number (if known):	Chapter you are filing under: Chapter 7 Chapter 11 Chapter 12 Chapter 13	☐ Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together--called a joint case--and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
	Write the name that is on your government-issued picture	Cullen First Name	First Name
	identification (for example, your driver's license or	D	
	passport).	Middle Name	Middle Name
	Bring your picture identification to your meeting	Thompson Last Name	Last Name
	with the trustee.	Suffix (Sr., Jr., II, III)	Suffix (Sr., Jr., II, III)
2.	All other names you		
	have used in the last 8 years	First Name	First Name
	Include your married or	Middle Name	Middle Name
	maiden names.	Last Name	Last Name
3.	Only the last 4 digits of your Social Security	xxx - xx - <u>8</u> <u>9</u> <u>9</u> <u>0</u>	xxx - xx
	number or federal Individual Taxpayer	OR	OR
	Identification number (ITIN)	9xx - xx	9xx - xx

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Del	btor 1	Cullen First Name	D Middle Name		Case nu	imber (if known)
			Abou	t Debtor 1:	Ab	out Debtor 2 (Spouse Only in a Joint Case):
4.	and Em		☑ □	have not used any business names or EIN	ls. □	I have not used any business names or EINs.
	(EIN) y	cation Numbers ou have used in t 8 years	Busine	ess name	Bus	siness name
	Include	trade names and	Busine	ss name	Bus	iness name
	doing b	usiness as names	Busine	ess name	Bus	siness name
			EIN		EIN	
			EIN -		EIN	- -
5.	Where	you live			If C	Debtor 2 lives at a different address:
			2021	Honore Avenue		
			Numbe	er Street	Nur	nber Street
			Norti	n Chicago IL 60064		
			City	State ZIP Code	City	State ZIP Code
				/	Cou	inty
			the o	r mailing address is different from ne above, fill it in here. Note that the will send any notices to you at this address.	fro will	Debtor 2's mailing address is different m yours, fill it in here. Note that the court send any notices to you at this mailing dress.
			Numbe	er Street	Nur	mber Street
			P.O. B	ox	P.C). Box
			City	State ZIP Code	City	State ZIP Code
6.		ou are choosing	Chec	k one:	Ch	eck one:
	bankru		٢	Over the last 180 days before filing this petition, I have lived in this district longer han in any other district.		Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
				have another reason. Explain. See 28 U.S.C. § 1408.)		I have another reason. Explain. (See 28 U.S.C. § 1408.)
Р	art 2:	Tell the Court	About Yo	ur Bankruptcy Case		
7.	Bankru	apter of the ptcy Code you		one: (For a brief description of each, see N kruptcy (Form 2010)). Also, go to the top o		equired by 11 U.S.C. § 342(b) for Individuals Filing and check the appropriate box.
	are cho under	oosing to file	☐ Ch	napter 7		
			☐ Ch	napter 11		
			☐ Ch	napter 12		
				napter 13		

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Deb	otor 1 Cullen	D	Thompson	Case num	nber (if known)	
	First Name	Middle Name	Last Name		, , -	
8.	How you will pay the fee	court f	pay the entire fee when I file my por more details about how you may th cash, cashier's check, or money, your attorney may pay with a cred	pay. Typicallorder. If your	y, if you are pay attorney is subr	ring the fee yourself, you may mitting your payment on your
			to pay the fee in installments. If luals to Pay Your Filing Fee in Insta			and attach the Application for
		By law than 1 fee in	est that my fee be waived (You may, a judge may, but is not required to 50% of the official poverty line that installments). If you choose this oppered Waived (Official Form 103B) a	o, waive your fapplies to you mus	fee, and may do ur family size and t fill out the App	so only if your income is less d you are unable to pay the
9.	Have you filed for	□ No				
	bankruptcy within the last 8 years?	☐ Yes.				
		District Wi	sconsin	When		Casa number
		District Wi	SCOTISITI	when	MM / DD / YYYY	Case number
		District		When	MM / DD / YYYY	Case number
		District				Case number
10.	Are any bankruptcy	☑ No				
	cases pending or being filed by a spouse who is	☐ Yes.				
	not filing this case with	— Debtor			Relationsh	ip to you
	you, or by a business partner, or by an	District				Case number,
	affiliate?				MM / DD / YYYY	
		Debtor			Relationsh	ip to you
		District		When		Case number,
					MM / DD / YYYY	if known
11.	Do you rent your residence?	<u> </u>	Go to line 12. Has your landlord obtained an evid residence?	ction judgment	t against you and	d do you want to stay in your
			No. Go to line 12.Yes. Fill out Initial Statement and file it with this bankruptcy		ction Judgment	Against You (Form 101A)

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Deb	tor 1	Cullen	D		Thompson	Case	number (if known)		
		First Name	Middle N		Last Name				
Pa	art 3:	Report About	Any Bu	ısine	sses You Own as	a Sole Proprietor	,		
12.	-	u a sole proprietor full- or part-time ss?			Go to Part 4. Name and location of b	usiness			
	busines	A sole proprietorship is a pusiness you operate as an ndividual, and is not a			Name of business, if any				
	•	e legal entity such as ration, partnership, or			Number Street				
	sole pro	If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.			City		State	ZIP Co	de
					Single Asset Rea Stockbroker (as of	ness (as defined in 1° Il Estate (as defined in defined in 11 U.S.C. § er (as defined in 11 U	1 U.S.C. § 101(27A)) n 11 U.S.C. § 101(51B) n 101(53A))))	
(Are you filing under Chapter 11 of the Bankruptcy Code and are you a <i>small business</i>		can mos	set ap	filing under Chapter 11, propriate deadlines. If nt balance sheet, staten f these documents do no	you indicate that you a nent of operations, ca	are a small business d sh-flow statement, and	lebtor, you I federal ind	must attach your come tax return
	debtor	?	$\overline{\mathbf{V}}$	No.	I am not filing under C	hapter 11.			
		For a definition of small business debtor, see		No.	I am filing under Chap the Bankruptcy Code.	ter 11, but I am NOT	a small business debto	or according	g to the definition in
		C. § 101(51D).		Yes.	I am filing under Chap Bankruptcy Code.	ter 11 and I am a sma	all business debtor acc	ording to th	ne definition in the
Pa	art 4:	Report If You (Own o	r Hav	e Any Hazardous I	Property or Any	Property That Ne	eds Imm	ediate Attention
14.	propert alleged immine	own or have any ty that poses or is to pose a threat of ent and identifiable to public health or		No Yes.	What is the hazard?				
	safety?	Or do you own operty that needs iate attention?			If immediate attention	is needed, why is it no	eeded?		
	perisha livestod a buildi	ample, do you own ble goods, or ck that must be fed, or ng that needs urgent			Where is the property	Number Street			
	repairs	?							
						City		State	ZIP Code

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D Debtor 1 Cullen Thompson Case number (if known) First Name Middle Name Last Name

Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received briefing about credit counseling.

Part 5:

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1: You must check one:

 I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

credit counseling because of: ☐ Incapacity. I have a mental illness or a mental

☐ I am not required to receive a briefing about

deficiency that makes me incapable of realizing or making rational decisions about finances.

My physical disability causes me Disability. to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

 □ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

My physical disability causes me Disability.

to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion to Native to Edition this individual in Floor for Banks Hollow waiver of credit counseling with the 8898.5

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Deb	otor 1	Cullen	D		Thompson		Case number (if	know	n)
		First Name	Middle N	lame	Last Name				
P	art 6:	Answer These	Quest	ions fo	r Reporting Pu	ırpos	ses		
16.	What k have?	ind of debts do you	16a	as "ind	•	-	sumer debts? Consumer de rimarily for a personal, family,		re defined in 11 U.S.C. § 101(8) usehold purpose."
			16b	mone	-	-	iness debts? Business debt tment or through the operation		debts that you incurred to obtain e business or investment.
			16c	. State	the type of debts yo	ou ow	e that are not consumer or bus	siness	s debts.
17.	Are you	u filing under er 7?	abla	No. I	am not filing under	· Chap	oter 7. Go to line 18.		
	any ex	o you estimate that after by exempt property is coluded and			•	•	•	-	xempt property is excluded and to distribute to unsecured creditors?
	admini	dministrative expenses		[No				
	availab	d that funds will be ble for distribution ecured creditors?		[Yes				
18.		any creditors do timate that you	\square	1-49 50-99			1,000-5,000 5,001-10,000		25,001-50,000 50,001-100,000
	owe?			100-199 200-999		ö	10,001-25,000		More than 100,000
19.		uch do you te your assets to th?	□ □ □	\$100,00	000 I-\$100,000 01-\$500,000 01-\$1 million		\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million		\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion
20.		uch do you te your liabilities to		\$100,00	000 -\$100,000 -\$500,000 01-\$1 million		\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million		\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion

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Debtor 1	Cullen First Name	D Middle Name	Thompson Last Name	Case number (if known)				
Part 7:	Sign Below	daio riaine	23311131110					
For you		I have examined this petition, and I declare under penalty of perjury that the information pro and correct.						
		If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.						
		•	•	of pay or agree to pay someone who is not an attorney to help me and read the notice required by 11 U.S.C. § 342(b).				
		I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.						
		connection w	•	concealing property, or obtaining money or property by fraud in esult in fines up to \$250,000, or imprisonment for up to 20 years, and 3571.				
			n D Thompson Thompson, Debtor 1	X Signature of Debtor 2				
			on <u>07/19/2016</u> MM / DD / YYYY	Executed on				

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Debtor 1	Cullen	D	Thompson	Case number (if known)
	First Name	Middle Name	Last Name	
represent	attorney, if you are ted by one not represented by ey, you do not need s page.	eligibility to prelief availab the debtor(s)	proceed under Chapter 7, 11 ble under each chapter for w the notice required by 11 U	this petition, declare that I have informed the debtor(s) about 1, 12, or 13 of title 11, United States Code, and have explained the which the person is eligible. I also certify that I have delivered to J.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, inquiry that the information in the schedules filed with the petition
			neth S. Borcia e of Attorney for Debtor	Date <u>07/19/2016</u> MM / DD / YYYY
		Kenneth	n S. Borcia	
		Printed n		
			n S. Borcia & Associate	S
		Firm Nam		
		Number	Milwaukee, Suite A-3 Street	
		Liberty	/ille	IL 60048
		City		State ZIP Code
		Contact p	ohone (847) 634-8800	Email address
		3125988	3	
		Bar numb	per	State

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Fill in this i	information to i	dentify your cas	se and this filing:		
Debtor 1	Cullen First Name	D Middle Name	Thompson Last Name		
Debtor 2 (Spouse, if filing	ng) First Name	Middle Name	Last Name		
United States	Bankruptcy Court for	r the: NORTHERN	DISTRICT OF ILLINOIS		
Case number (if known)					if this is an ed filing
Official For	rm 106A/R				
-	A/B: Property	v			12/15
Fart 1: Do you ow No. G	both are equally reform. On the top of a Describe Each Reform or have any legange to Part 2.	sponsible for supp iny additional page Residence, Build I or equitable intere	Be as complete and accurate a lying correct information. If more, write your name and case nur ling, Land, or Other Real East in any residence, building, la	re space is needed, attach a mber (if known). Answer eve	separate ry question.
1.1. 2021 Honore	Where is the propert Avenue Ivailable, or other descrip	What is Check a	the property? all that apply. gle-family home blex or multi-unit building	Do not deduct secured clai amount of any secured clai Creditors Who Have Claim Current value of the entire property?	ims on Schedule D:
North Chicag		O64 Mai	ndominium or cooperative nufactured or mobile home d estment property eshare	\$72,000.00 Describe the nature of you interest (such as fee simple.)	\$72,000.00 ur ownership
Lake County				entireties, or a life estate)	, if known.
		Who ha	s an interest in the property?	100% interest	
		☑ Deb □ Deb	otor 1 only otor 2 only otor 1 and Debtor 2 only east one of the debtors and anothe	Check if this is comm (see instructions)	nunity property
			nformation you wish to add abouy identification number:	ut this item, such as local	
	•	•	ull of your entries from Part 1, in		\$72,000.00
entries for	pages you have at	tached for Part 1. V	Write that number here	······································	<u> </u>
Part 2:	Describe Your V	ehicles			
-		•	t in any vehicles, whether they a e, also report it on Schedule G: Ex	_	-
3. Cars, vans	s, trucks, tractors, s	port utility vehicles	s, motorcycles		
□ No ✓ Yes					

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Deb		allen st Name	D Middle Name	Thompson Last Name	Case number (if known)	
3.1. Mak Mod Year	el:		Mercedes 430 2000	Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only	Do not deduct secured clair amount of any secured clair Creditors Who Have Claims Current value of the	ms on Schedule D: s Secured by Property. Current value of the
			2000	Debtor 1 and Debtor 2 only	entire property?	portion you own?
	roximate mil er informatio			At least one of the debtors and anot	her \$6,300.00	\$6,300.00
	0 Mercede			Check if this is community proper (see instructions)	ty	
4.				and other recreational vehicles, other all watercraft, fishing vessels, snowmobiles		
5.				own for all of your entries from Part 2, i Part 2. Write that number here		\$6,300.00
Pa	art 3:	Descri	be Your Personal a	and Household Items		
				terest in any of the following items?		Current value of the portion you own? Do not deduct secured claims or exemptions.
6.	Examples:	Major a	and furnishings appliances, furniture, line Refrigerator, sto	ens, china, kitchenware ove,washer/dryer bedroom furniture	e, kitchen & living room	\$1,000.00
	_		_	video & computer equipment, mise	_	
7.	Electronic Examples:	Televis		video, stereo, and digital equipment; com evices including cell phones, cameras, me	•	
	✓ No ☐ Yes. □)escribe)			
8.	Collectible Examples:	Antique	es and figurines; painting	gs, prints, or other artwork; books, picture ollections; other collections, memorabilia,	•	
	✓ No ☐ Yes. □)escribe)			
9.		Sports		, and other hobby equipment; bicycles, po tools; musical instruments	ool tables, golf clubs, skis;	
	□ No ☑ Yes. □)escribe	sports & hobby	equipment		\$100.00
10.	:	Pistols	, rifles, shotguns, ammu	nition, and related equipment		
	✓ No ☐ Yes. D)escribe	.			
11.		Everyo	lay clothes, furs, leather	coats, designer wear, shoes, accessories	3	
	_	escribe	e clothing			\$50.00

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Deb	or 1	Cullen	D	Thompson	Case number (if known)	
		First Name	Middle Name	e Last Name		
12.	Jewelry Exampl		ry, costume je	welry, engagement rings, wedding	rings, heirloom jewelry, watches, gems,	
	□ No ☑ Yes	s. Describe Fu	rs & jewelry			\$65.00
13.		rm animals es: Dogs, cats, bird	ds, horses			
	✓ No ☐ Yes	s. Describe				
14.	Any oth	•	ousehold iter	ns you did not already list, inclu	ding any health aids you	
		s. Give specific				
15.				es from Part 3, including any en		\$1,215.00
Pa	rt 4:	Describe You	ır Financia	l Assets		
Doy	ou own	or have any legal	or equitable i	interest in any of the following?		Current value of the portion you own? Do not deduct secured claims or exemptions.
16.	Cash Exampl	es: Money you hav	e in your walle	et, in your home, in a safe deposit	box, and on hand when you file your	
	□ No ▼ Yes	.			Cash:	\$110.00
17.	•	•	ses, and other	nancial accounts; certificates of d similar institutions. If you have m	•	
	□ No ✓ Yes	3	Ins	stitution name:		
	17.	.1. Checking acc	ount: Ch	necking account TCF		\$200.00
18.	Exampl	mutual funds, or pes: Bond funds, inv	— publicly trade	-	market accounts	- <u> </u>
	✓ No Yes	S	Institution or	issuer name:		
19.		blicly traded stock		s in incorporated and unincorpo joint venture	orated businesses, including	
	info	s. Give specific rmation about	Name of ent	ity:	% of ownership:	
20.	Govern Negotia	ment and corpora	te bonds and lude personal	other negotiable and non-negot checks, cashiers' checks, promiss u cannot transfer to someone by s	iable instruments sory notes, and money orders.	
	info	s. Give specific rmation about m	Issuer name	:		

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Debt	or 1	Cullen	D	Thompson	Case number (if known)	
21.	Retire	First Name ement or pension ac	Middle Name	Last Name		
	Exam	nples: Interests in IRA profit-sharing p	_	01(k), 403(b), thrift savings a	accounts, or other pension or	
	_	es. List each	Type of account:	Institution name:		
22.	Your Exam		eposits you have m	•	e service or use from a company c, gas, water), telecommunications	
	☑ Y	lo 'es		Institution name or individua	al:	
23.			a specific periodic p	payment of money to you, eit	her for life or for a number of years)	
		lo ′es	Issuer name and	description:		
24.	Intere		IRA, in an accoun	t in a qualified ABLE progr	am, or under a qualified state tuition p	rogram.
			Institution name a	nd description. Separately t	file the records of any interests. 11 U.S.0	C. § 521(c)
25.		ts, equitable or future ers exercisable for ye		erty (other than anything li	sted in line 1), and rights or	
	_	lo 'es. Give specific nformation about them	1			
26.				ets, and other intellectual proceeds from royalties and		
		lo 'es. Give specific nformation about them	1			
27.		nses, franchises, and apples: Building permit	•	•	oldings, liquor licenses, professional lice	enses
	_	es. Give specific				
Mon		property owed to yo				Current value of the
WOII	cy of	property owed to yo				portion you own? Do not deduct secured claims or exemptions.
28.	Tax r	efunds owed to you				
	Ø N					
	_	es. Give specific info bout them, including v			Feder	<u> </u>
	y	ou already filed the re	turns		State:	
	а	nd the tax years			Local	\$0.00

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Deb	tor 1	Cullen First Name	D Middle Name	Thompson Last Name	Case number (if known)	
29.	Examp		ump sum alimony,	spousal support, child support	rt, maintenance, divorce settlement, prop	erty settlement
	✓ No	s. Give specific in	formation		Alimony:	\$0.00
		·			Maintenance:	\$0.00
					Support:	\$0.00
					Divorce settleme	ent: \$0.00
					Property settlem	ent: \$0.00
30.	Examp	compensation	s, disability insura n, Social Security	nce payments, disability bene benefits; unpaid loans you ma	fits, sick pay, vacation pay, workers' ade to someone else	
31.		sts in insurance p bles: Health, disabi		nce; health savings account (F	dSA); credit, homeowner's, or renter's ins	urance
	CO	s. Name the insur mpany of each pol d list its value	icy	/ name:	Beneficiary:	Surrender or refund value:
32.	If you a		of a living trust, e		I urance policy, or are currently	
	☑ No	s. Give specific in	formation			
33.	Examp	oles: Accidents, en		not you have filed a lawsuit es, insurance claims, or rights	or made a demand for payment to sue	
	✓ No	s. Describe each	claim			
34.		contingent and ur to set off claims	nliquidated claim	s of every nature, including	counterclaims of the debtor and	
	✓ No	s. Describe each	claim			
35.	Any fir	nancial assets you	u did not already	list		
	✓ No	s. Give specific in	formation			
36.			-	s from Part 4, including any ere	entries for pages you have	\$310.00
P	art 5:	Describe Any	Business-Re	lated Property You Ow	n or Have an Interest In. List ar	ny real estate in Part 1.
37.	Do you	u own or have any	y legal or equitab	le interest in any business-r	related property?	
	ت ا	o. Go to Part 6. s. Go to line 38.				

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Deb	_	Cullen First Name	D Middle News	Thompson	Case number (if known)	
	ŗ	riist Name	Middle Name	Last Name		Current value of the portion you own? Do not deduct secured claims or exemptions.
38.	Account	s receivable or	commissions you a	Iready earned		·
	✓ No ☐ Yes.	Describe				
39.		s: Business-rela	shings, and supplies ited computers, softw , electronic devices		rs, fax machines, rugs, telephones,	
	✓ No ☐ Yes.	Describe				
40.	Machine	ry, fixtures, equ	uipment, supplies yo	ou use in business, and too	ls of your trade	
	✓ No ☐ Yes.	Describe				
41.	Inventor	у				
	✓ No ☐ Yes.	Describe				
42.	Interests	in partnership	s or joint ventures			
	✓ No ☐ Yes.	Describe N	ame of entity:		% of ownership:	
43.	Custome	er lists, mailing	lists, or other comp	ilations		
	✓ No ☐ Yes.	Do your lists in No Yes. Desc		lentifiable information (as o	lefined in 11 U.S.C. § 101(41A))?	
44.	Any bus	iness-related pr	roperty you did not a	already list		
	✓ No ☐ Yes.	Give specific in	formation.			
45.				om Part 5, including any en	tries for pages you have	\$0.00
Pa				mercial Fishing-Relate farmland, list it in Part 1	ed Property You Own or Have a	n Interest In.
46.	Do you o	own or have any	/ legal or equitable i	nterest in any farm- or com	mercial fishing-related property?	
		Go to Part 7. Go to line 47.				
47	Farm an	imals				Current value of the portion you own? Do not deduct secured claims or exemptions.
71.			ultry, farm-raised fish			
	✓ No ☐ Yes.					

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Deb	tor 1	Cullen First Name	D Middle Name	Thompson Last Name	Case nu	umber (if known) _		
48.	Crop	seither growing		Lastivame				
	☑ ^	No Yes. Give specific						
49.	Farm	and fishing equip	oment, implements, r	nachinery, fixtures, and to	ols of trade			
	ب	lo ′es						
50.	Farm	and fishing supp	lies, chemicals, and	feed				
		lo ′es						
51.	Any	farm- and commer	cial fishing-related p	property you did not alread	ly list			
	□ Y	No /es. Give specific nformation						
52.	Add t	\$0.00						
Pa	art 7:	Describe All	Property You Ov	vn or Have an Interest	t in That You [Did Not List Ab	ove	
53.	-		perty of any kind you ets, country club mem	ı did not already list? bership				
	✓ N	No 'es. Give specific i	nformation.					
54.	Add	the dollar value of	all of your entries fr	om Part 7. Write that num	ber here		→	\$0.00
P	art 8:	List the Total	Is of Each Part o	f this Form				
55.	Part	1: Total real estate	e, line 2				→	\$72,000.00
56.	Part :	2: Total vehicles, I	ine 5		\$6,300.00			
57.	Part :	3: Total personal a	and household items	, line 15	\$1,215.00			
58.	Part -	4: Total financial a	assets, line 36		\$310.00			
59.	Part	5: Total business-	related property, line	<u> </u>	\$0.00			
60.	Part	6: Total farm- and	fishing-related prop	erty, line 52	\$0.00			
61.	Part	7: Total other prop	perty not listed, line	⁵⁴ +	\$0.00			
62.	Total	l personal property	y. Add lines 56 thro	ugh 61	\$7,825.00	Copy personal property total	→ ·	+ \$7,825.00
63.	Total	l of all property on	Schedule A/B. Ad	dd line 55 + line 62				\$79,825.00

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Fill in this in	formation to i	dentify your	case:				
Debtor 1	Cullen First Name	D Middle Name	Thompso	on			
Debtor 2							
(Spouse, if filing		Middle Name		LLIN	OIS		
	ankrupicy Court it	or the: NORTHE	RN DISTRICT OF I	LLIIN	OIS	Check if this is an amended filing	
Case number (if known)						amended ming	
Official Forn	n 106C						
Schedule C	: The Prop	erty You Cl	aim as Exemp	ot			04/16
Using the property space is needed,	y you listed on Sc	<i>hedule A/B: Prop</i> to this page as m	perty (Official Form 106	6A/B)	as your source, list	responsible for supplying correct inform the property that you claim as exempt. I cessary. On the top of any additional pa	If more
is to state a spec exempted up to t receive certain b exemption of 100	cific dollar amour the amount of an enefits, and tax-e 0% of fair market	nt as exempt. Al y applicable state exempt retireme value under a la	Iternatively, you may tutory limit. Some ex nt fundsmay be unl aw that limits the exe	clair emp imite mpti	n the full fair marke tionssuch as thos d in dollar amount. on to a particular d	n you claim. One way of doing so et value of the property being ee for health aids, rights to However, if you claim an ollar amount and the value of the able statutory amount.	
Part 1: Id	entify the Pro	perty You Cla	aim as Exempt				
1. Which set o	f exemptions are	vou claiming?	Check one only.	even	if your spouse is filir	na with vou.	
✓ You are	claiming state an	d federal nonban	skruptcy exemptions. J.S.C. § 522(b)(2)		•		
2. For any pro	perty you list on	Schedule A/B th	nat you claim as exen	npt, f	ill in the informatio	n below.	
•	of the property a at lists this prope		Current value of the portion you own		ount of the mption you claim	Specific laws that allow exemptio	n
			Copy the value from Schedule A/B		ck only one box for h exemption		
Brief description:			\$72,000.00	$\overline{\mathbf{V}}$	\$14,000.00	735 ILCS 5/12-901	
2021 Honore A	venue				100% of fair marke	t	
Line from Schedu	ıle A/B: 1.1				value, up to any applicable statutory limit	/	
Brief description:			\$1,000.00	$\overline{\mathbf{V}}$	\$1,000.00	735 ILCS 5/12-1001(b)	
_	tove,washer/dry en & living rooi				100% of fair marke value, up to any	t	
	computer equi				applicable statutory	1	
_	ds, dining roon	n set			limit		
Line from Schedu	ıle A/B: 6						
-	-	-	more than \$160,375? years after that for cas		ed on or after the da	ite of adjustment.)	
	,	,	,			, ,	
<u> </u>	-	property covered	d by the exemption wit	hin 1	215 days before you	u filed this case?	

☐ Yes

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D **Thompson** Debtor 1 Cullen Case number (if known) Middle Name First Name Last Name Part 2: **Additional Page** Brief description of the property and line on **Current value of** Amount of the Specific laws that allow exemption Schedule A/B that lists this property the portion you exemption you claim own Copy the value from Check only one box for Schedule A/B each exemption Brief description: \$100.00 \$100.00 735 ILCS 5/12-1001(b) $\overline{\mathbf{Q}}$ sports & hobby equipment 100% of fair market value, up to any Line from Schedule A/B: applicable statutory limit Brief description: \$50.00 735 ILCS 5/12-1001(a), (e) \$50.00 \mathbf{V} clothing 100% of fair market value, up to any Line from Schedule A/B: 11 applicable statutory limit Brief description: \$65.00 \$65.00 735 ILCS 5/12-1001(b) ablaFurs & jewelry 100% of fair market value, up to any Line from Schedule A/B: 12 applicable statutory limit Brief description: \$110.00 \$110.00 735 ILCS 5/12-1001(b) $\overline{\mathbf{Q}}$ Cash 100% of fair market value, up to any Line from Schedule A/B: 16 applicable statutory limit Brief description: \$200.00 \$200.00 735 ILCS 5/12-1001(b) $\overline{\mathbf{A}}$ **Checking account TCF** 100% of fair market value, up to any Line from Schedule A/B: 17.1 applicable statutory limit

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Fill in this inf	ormation to identif	V V 0 1 1 1 0 0 0 0 1					
Debtor 1	Cullen D First Name M		Thompson Last Name				
Debtor 2 (Spouse, if filing)	First Name M	iddle Name	Last Name				
United States Bar	nkruptcy Court for the: N	ORTHERN DIST	RICT OF ILLINOIS	<u>s</u>			
Case number (if known)					Check if this is amended filling		
Official Form	106D						
Schedule D:	Creditors Who	Have Claim	s Secured by	Property		12/15	
Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known). 1. Do any creditors have claims secured by your property? No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form. Yes. Fill in all of the information below. Part 1: List All Secured Claims 1. List all secured claims. If a creditor has more than one secured							
claim, list the creditor has a	creditor separately for eaparticular claim, list the lible, list the claims in alp	ach claim. If more to other creditors in Pa	han one art 2. As	Column A Amount of claim Do not deduct the value of collateral	Column B Value of collateral that supports this claim	Column C Unsecured portion If any	
2.1		Describe the pro		\$50,000.00	\$72,000.00		
Ocwen Creditor's name P.O. Box 6440 Number Street		- Home					
Carol Stream City Who owes the det ☑ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and D ☐ At least one of ☐ Check if this c to a communit	ebtor 2 only the debtors and another laim relates by debt	Contingent Unliquidated Disputed Nature of lien. An agreemen Statutory lien Judgment lier	(such as tax lien, me n from a lawsuit ing a right to offset)	mortgage or secured	car loan)		
			-				

Add the dollar value of your entries in Column A on this page. Write that number here:

\$50,000.00

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Debtor 1	Cullen	D	Thompson	_ Case number (if	known)			
	First Name	Middle Nan	ne Last Name					
Part 1: Additional Page After listing any entries on sequentially from the previous				Column A Amount of claim Do not deduct the value of collateral	Column B Value of collateral that supports this claim	Column C Unsecured portion If any		
			Describe the property that secures the claim:	\$7,777.00	\$7,777.00			
Ocwen			Home					
Creditor's name P.O. Box 6440 Number Street								
Carol Stream IL 60197-6440 City State ZIP Code Who owes the debt? Check one. ☑ Debtor 1 only ☐ Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim relates to a community debt Date debt was incurred Various 2.3 Springleaf Financial Services Creditor's name P.O. Box 3251			As of the date you file, the claim is: Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as Statutory lien (such as tax lien, multiple) Judgment lien from a lawsuit Other (including a right to offset) Mortgage arrears Last 4 digits of account number Describe the property that secures the claim: 2000 Mercedes 430	s mortgage or secured	car loan)			
Evansville City Who owes t Debtor 1 Debtor 1 At least Check i to a con	State Z the debt? Check only only and Debtor 2 on one of the debtor f this claim relate mmunity debt	ly s and another	As of the date you file, the claim is: Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as Statutory lien (such as tax lien, musure) Judgment lien from a lawsuit Other (including a right to offset)	s mortgage or secured	car loan)			
Date debt w	as incurred _		Last 4 digits of account number					
in the plan	l							

Add the dollar value of your entries in Column A on this page. Write that number here:

\$14,077.00

If this is the last page of your form, add the dollar value totals from all pages. Write that number here:

\$64,077.00

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Fill in this inf	ormation to iden			
Debtor 1	Cullen First Name	D Middle Name	Thompson Last Name	
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name	
United States Bar	nkruptcy Court for the			
Case number (if known)				Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Hold Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1.	Do any creditors	have priority	unsecured of	claims against yo	u?
----	------------------	---------------	--------------	-------------------	----

No. Go to Part 2.

Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If more space is needed for priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.

Total claim Priority Nonpriority amount amount

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Debtor 1	Cullen	D	Thompson	Case number (if known)	
	First Name	Middle Name	Last Name		
Part 2:	List All o	of Your NONPRIORI	TY Unsecured Claims		
3. Do aı	ny creditors ha	ve nonpriority unsecure	d claims against you?		
	No. You have r	othing to report in this par	rt. Submit this form to the c	ourt with you other schedules.	
	Yes				
_					
		•		of the creditor who holds each claim.	atad idaatifuubat
				r separately for each claim. For each claim list on one creditor holds a particular claim, list the	·
		•		ne Continuation Page of Part 2.	, other elections in
		,	,		
					Total claim
4.1					\$582.00
Americo	llect		Last 4 digits of accour	t number	
	Creditor's Name		When was the debt inc		
P.O. Box					
Number	Street			the claim is: Check all that apply.	
-					
			— Disputed		
Manitow	ос	WI 54221-1566			
City	rred the debt?	State ZIP Code Check one.	Type of NONPRIORITY	unsecured claim:	
	r 1 only	Officer offic.	Student loans		
<u> </u>	r 2 only			out of a separation agreement or divorce	
Debto	r 1 and Debtor 2	? only	that you did not repo	profit-sharing plans, and other similar debts	
	st one of the del	otors and another	Other. Specify	pront-snaming plans, and other similar debts	
☐ Check	k if this claim is	for a community debt	V canon open,		
Is the clai	m subject to of	fset?			
☑ No					
Yes					
4.2					\$346.00
	mier Bank		Last 4 digits of accour	t number	
:	Creditor's Name innesota Ave		When was the debt inc	urred?	
Number	Street		 As of the date you file, 	the claim is: Check all that apply.	
			Contingent		
			Unliquidated		
Sioux Fa	ılls	SD 57104	Disputed		
City		State ZIP Code	Type of NONPRIORITY	unsecured claim:	
	rred the debt?	Check one.	☐ Student loans		
	r 1 only			out of a separation agreement or divorce	
	r 2 only r 1 and Debtor 2) only	that you did not repo	ort as priority claims	
–		only otors and another		profit-sharing plans, and other similar debts	
			✓ Other. Specify		
_		for a community debt			
	m subject to of	rset?			
✓ No ☐ Yes					
⊔ '63					

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Debtor 1 Cullen D Thompson Case number (if known) First Name Middle Name Last Name Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page After listing any entries on this page, number them sequentially from the **Total claim** previous page. 4.3 \$913.00 I.C. System, Inc Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? P.O. Box 64378 As of the date you file, the claim is: Check all that apply. ☐ Contingent Unliquidated Disputed Saint Paul MN 55164-0378 City State ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify $\mathbf{\Lambda}$ ☐ Check if this claim is for a community debt Is the claim subject to offset? **☑** No Yes П \$2,844.00 Last 4 digits of account number Rudisill, LLC 0 9 9 3 Nonpriority Creditor's Name When was the debt incurred? 1514 Hemphill Ave. As of the date you file, the claim is: Check all that apply. Number Contingent Unliquidated Disputed WI 53534 Edgerton City State ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only П that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify ☐ Check if this claim is for a community debt Is the claim subject to offset? **☑** No ☐ Yes 4.5 \$496.00 State Collection Service Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 2509 S. Stoughton Rd. As of the date you file, the claim is: Check all that apply. Number Street Contingent Unliquidated Disputed Madison WI 53716 7IP Code State Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. □ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify Check if this claim is for a community debt Is the claim subject to offset? No Yes

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Debtor 1	Cullen First Name	D Middle Name	Thompson Last Name	Case number (if known)	
Part 2:	Vour NO	NDDIODITY Uncoc	ured Claims Continu	ation Page	
I all Z.	Tour NO	MI MOMITI OTISEC	died Claims Continu	ation rage	
		on this page, number th	nem sequentially from the		Total claim
previous	page.				
4.6					\$2,336.00
United C	redit Services	5	Last 4 digits of account	number	· · ·
	Creditor's Name		When was the debt incu	rred?	
15 N. Lin	Street		As of the date you file, t	he claim is: Check all that apply.	
			Contingent		
			Unliquidated		
Elkhorn		WI 53121	Disputed		
City		State ZIP Code	Type of NONPRIORITY	unsecured claim:	
_ 5	rred the debt?	Check one.	☐ Student loans		
ك	r 1 only r 2 only			ut of a separation agreement or divorce	
	r 1 and Debtor 2	2 only	that you did not report	. ,	
At leas	st one of the del	btors and another	Other. Specify	profit-sharing plans, and other similar debts	
☐ Checl	k if this claim is	for a community debt			
Is the clai	m subject to of	fset?			
☑ No					
Yes					
4.7					¢0.47.00
\Box	Mirologo		Loot 4 digits of account	number	\$947.00
Verizon Nonpriority	Creditor's Name		Last 4 digits of account		
P.O. Box	49		When was the debt incu		
Number	Street			the claim is: Check all that apply.	
			☐ Contingent ☐ Unliquidated		
		=	Disputed		
Lakeland City	<u> </u>	FL 33802 State ZIP Code			
•	rred the debt?	Check one.	Type of NONPRIORITY	unsecured claim:	
☑ Debto	r 1 only		☐ Student loans ☐ Obligations arising or	ut of a separation agreement or divorce	
	r 2 only	N 1 -	that you did not report	·	
= ,,,,,,,	r 1 and Debtor 2	only btors and another		profit-sharing plans, and other similar debts	
ш					
ш		for a community debt			
Is the clai	m subject to of	1961 (
Yes					

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Debtor 1	Cullen First Name	<u></u> D	iddle Name	Thompson Last Name	Case number (if known)
Part 3:	List Other	rs to Be	Notified Ab	oout a Debt That You	ı Already Listed
For excredit debts	cample, if a colle or in Parts 1 or	ection ag 2, then li in Parts	ency is trying st the collection or 2, list the a	to collect from you for a on agency here. Similarly additional creditors here.	uptcy, for a debt that you already listed in Parts 1 or 2. debt you owe to someone else, list the original y, if you have more than one creditor for any of the If you do not have additional parties to be notified for
Michael C	Dellerich			On which entry in	Part 1 or Part 2 did you list the original creditor?
Name Nowlan &	Movat			Line of (Ca	heck one): Part 1: Creditors with Priority Unsecured Claims
Number Street 100 S. Main St.					Part 2: Creditors with Nonpriority Unsecured Claims
	e	WI	53545	Last 4 digits of acc	count number
City		State	ZIP Code		

Collecting for Rudisill

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Debtor 1	Cullen	D	Thompson	Case number (if known)	
	First Name	Middle Name	Last Name		

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

				Total claim
Total claims from Part 1	6a.	Domestic support obligations	6a.	\$0.00
nom rait i	6b.	Taxes and certain other debts you owe the government	6b.	\$0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d. +	\$0.00
	6e.	Total. Add lines 6a through 6d.	6d.	\$0.00
				Total claim
Total claims from Part 2	6f.	Student loans	6f.	\$0.00
	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	^{6i.} +	\$8,464.00
	6j.	Total. Add lines 6f through 6i.	6j.	\$8,464.00

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Fill in this inf	ormation to iden			
Debtor 1	Cullen First Name	D Middle Name	Thompson Last Name	
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name	
United States Bar	nkruptcy Court for the	NORTHERN DIST	RICT OF ILLINOIS	
Case number (if known)				Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.

 Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

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				_	
Fill in this in	formation to ic	dentify your case	:		
Debtor 1	Cullen First Name	D Middle Name	Thompson Last Name		
Debtor 2 (Spouse, if filing) First Name	Middle Name	Last Name		
		the: NORTHERN D	ISTRICT OF ILLINOIS		
Case number (if known)				Check if this is an amended filing	
Official Form					
Schedule H	: Your Code	ebtors			12
two married people needed, copy the page. On the top 1. Do you have No Yes	ole are filing toget e Additional Page, o of any Additiona e any codebtors?	ther, both are equally fill it out, and numbe I Pages, write your n (If you are filing a jo	r responsible for supplying co er the entries in the boxes on ame and case number (if kno int case, do not list either spous		
	• •			y? (Community property states and territories xas, Washington, and Wisconsin.)	
121		mer spouse, or legal e	quivalent live with you at the tir	ne?	
person show	vn in line 2 again	as a codebtor only if	that person is a guarantor or	tor if your spouse is filing with you. List the cosigner. Make sure you have listed the (F), or Schedule G (Official Form 106G). Use	

Column 1: Your codebtor

Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

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G	ill in this inform	nation to ide	entify your case:					
	Debtor 1	Cullen	D	Thomps	on			
		First Name	Middle Name	Last Name			Che	eck if this is:
	Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name			— 🗆	An amended filing
	United States Bankı	uptcy Court fo	r the: NORTHERN	DISTRICT OF IL	LINOI	s	🗆	A supplement showing postpetition
	Case number							chapter 13 income as of the following date
L	(if known)							MM / DD / YYYY
_	fficial Form 10							
50	chedule I: Yo	ur incom	e					12/1
res inc abo you	sponsible for supply lude information al out your spouse. If ur name and case n	ying correct ir oout your spo more space i	nformation. If you are use. If you are separ s needed, attach a se wn). Answer every c	e married and not rated and your spo eparate sheet to th	filing jo ouse is	ointly not f	, and your iling with y	d Debtor 2), both are equally spouse is living with you, you, do not include information any additional pages, write
1.	Fill in your emplo	yment		Debtor 1				Debtor 2 or non-filing spouse
	If you have more t	_	Employment status					☐ Employed
	job, attach a separ with information at		impioyment status	✓ Employed✓ Not employed	ed			☐ Not employed
	additional employe	ers.	Occupation	Manager				
	Include part-time, or self-employed v	-	Employer's name	Domestic Line	en Sup	ply (Co, Inc.	
	Occupation may ir student or homem applies.	-	Employer's address	Number Street				Number Street
				Chicago		IL State	60613 Zip Code	City State Zip Code
			low long employed t	•			_p	
							_	
L	art 2: Give D	etails Abou	ıt Monthly Incom	е				
	timate monthly incon- filing spouse unles			n. If you have noth	ing to r	eport	for any line	e, write \$0 in the space. Include your
If y	ou or your non-filing	spouse have r		er, combine the inf	ormatic	n for	all employe	ers for that person on the lines below. If
						For D	ebtor 1	For Debtor 2 or non-filing spouse
2.			ary, and commissions nonthly, calculate what		2.		\$4,333.33	
3.	Estimate and list	monthly over	time pay.		3. +		\$0.00	
4.	Calculate gross i	ncome. Add I	ine 2 + line 3.		4.		\$4,333.33	

Official Form 106l Schedule I: Your Income page 1

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Deb	tor 1	Cullen	D	Thompson		Case no	umbe	er (if know	n)		
		First Name	Middle Name	Last Name	F	For Debtor 1	_	For Debto			
	Con	v line 4 here		_	4.	\$4,333.33	- :	ilon-illing	эроизс	_	
5.	-	all payroll dec		7	٦.	φ4,333.33					
٥.			e, and Social Security de	eductions	5a.	\$1,239.33					
			ontributions for retireme		5b.	\$0.00					
	5c.	Voluntary cor	ntributions for retiremen	t plans	5c.	\$0.00					
	5d.	Required repa	ayments of retirement fu	ınd loans	5d.	\$0.00					
	5e.	Insurance			5e.	\$0.00					
		_	port obligations		5f.	\$0.00					
	_	Union dues			5g.	\$0.00					
	5h.	Other deduction Specify:	ions.		5h. +	\$0.00					
6.	Add 5g +	the payroll de	eductions. Add lines 5a	a + 5b + 5c + 5d + 5e + 5f +	6.	\$1,239.33					
7.	Calc	culate total mo	nthly take-home pay.	Subtract line 6 from line 4.	7.	\$3,094.00					
8.	List	all other incor	me regularly received:								
	8a.		om rental property and offession, or farm	from operating a	8a.	\$0.00					
		gross receipts	ment for each property an , ordinary and necessary hly net income.	· ·							
	8b.	Interest and o	dividends		8b.	\$0.00					
	8c.		ort payments that you, a gularly receive	non-filing spouse, or a	8c.	\$0.00					
			ny, spousal support, child ment, and property settlen								
	8d.	Unemployme	nt compensation		8d.	\$0.00					
		Social Securi	•		8e.	\$0.00					
	8f.	Other govern	ment assistance that yo	u regularly receive							
		cash assistant	assistance and the value (ce that you receive, such or the Supplemental Nutrit osidies.	as food stamps							
		Specify:			8f.	\$0.00					
	8g.	Pension or re	tirement income		8g.	\$0.00					
	8h.	Other monthly	y income.		•	<u> </u>					
		Specify:			8h. +	\$0.00					
9.	Add	all other inco	me. Add lines 8a + 8b +	8c + 8d + 8e + 8f + 8g + 8h.	9.	\$0.00					
10.			income. Add line 7 + line 10 for Debtor 1 and De	ne 9. ebtor 2 or non-filing spouse.	10.	\$3,094.00]+[=	\$3,094.00
11.					chedul	e .l.					
•••	 State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, friends or relatives. 					, and oth	ner				
	Do r	not include any	amounts already included	d in lines 2-10 or amounts tha	t are no	t available to pay	exp	enses list	ed in Sc	hed	ule J.
	Spe	cify:							11.	+	\$0.00
12.	inco			10 to the amount in line 11. of Your Assets and Liabilities					12.		\$3,094.00 Combined
13	Dov	ou expect an	increase or decrease wi	ithin the year after you file t	his forn	n?				-	monthly income
	₩,	No.	None.	and your artor you me to	1311						
		Yes. Explain:									

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Fill in this information to identify your case:						Cha	Check if this is:			
	Debtor 1	Cullen First Name	D Middle Name	Thon Last Na	npson ame		An ame	ended filing Jement showing	g postpetition	
	Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Na	2000	_		13 expenses a		
	•		the: NORTHERN DI						<u> </u>	
	Case number	rupicy Court for	ine. NORTHERN DI	STRICT O	F ILLINOIS	-	MM / D	D / YYYY		
	(if known)									
<u>O</u> 1	fficial Form 10	<u>)6J</u>								
S	chedule J: Yo	our Expens	ses						12/15	
nai	rrect information. I	f more space is	sible. If two married po needed, attach anothe nswer every question. Isehold	er sheet to						
1.	Is this a joint cas	se?								
	✓ No. Go to lir Yes. Does I No Ye	ne 2. Debtor 2 live in a s. Debtor 2 mus	a separate household? t file Official Form 106J		s for Separate Hous	ehold o	f Debtor	2.		
2.	Do you have dep	endents?	✓ No ✓ Yes. Fill out this inf	formation	Dependent's rela		p to	Dependent's	Does dependent	
	Do not list Debtor 1 and Debtor 2.			for each dependent		Debtor 1 or Debtor 2			_ <u>live with you?</u> ☐ No	
	Do not state the d names.	ependents'							Yes No No No	
									- Yes - No - Yes - No - Yes - No - Yes	
3.	Do your expense expenses of peo yourself and you	ple other than	✓ No ☐ Yes							
P	Part 2: Estima	ate Your Ong	joing Monthly Exp	enses						
to	timate your expens	ses as of your b	ankruptcy filing date u the bankruptcy is filed	nless you a	_			-		
			ash government assis on Schedule I: Your Ir	•				Your expen	ses	
4.			xpenses for your resid nd any rent for the grou				4	1	\$640.00	
	If not included in	line 4:								
	4a. Real estate t	axes					4	ła		
	4b. Property, hor	meowner's, or re	nter's insurance				4	łb		
	4c. Home mainte	enance, repair, a	nd upkeep expenses				4	łc	\$175.00	
	4d. Homeowner's	s association or	condominium dues				4	ld		

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Debtor 1 Cullen Thompson Case number (if known) Middle Name Last Name First Name Your expenses Additional mortgage payments for your residence, such as home equity loans 5. **Utilities:** 6a. Electricity, heat, natural gas 6a. \$265.00 6b. Water, sewer, garbage collection 6b. \$60.00 6c. Telephone, cell phone, Internet, satellite, and 6c. \$260.00 cable services 6d. 6d. Other. Specify: Food and housekeeping supplies 7. \$430.00 Childcare and children's education costs 8. Clothing, laundry, and dry cleaning 9. \$85.00 10. Personal care products and services 10. \$35.00 11. Medical and dental expenses 11. \$60.00 12. Transportation. Include gas, maintenance, bus or train 12. \$385.00 fare. Do not include car payments. 13. Entertainment, clubs, recreation, newspapers, 13. \$25.00 magazines, and books 14. Charitable contributions and religious donations 14. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15a. 15b. Health insurance 15b. 15c. Vehicle insurance \$120.00 15c. 15d. Other insurance. Specify: 15d. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 16. 17. Installment or lease payments: 17a. Car payments for Vehicle 1 17a. 17b. Car payments for Vehicle 2 17b. 17c. Other. Specify: _ 17c. 17d. Other. Specify: 17d. 18. Your payments of alimony, maintenance, and support that you did not report as 18. deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 19. Other payments you make to support others who do not live with you. Specify: 19.

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Deb	tor 1	Cullen	D	Thompson	Case number (if know	<i>r</i> n)
		First Name	Middle Name	Last Name	·	
20.		er real property e edule I: Your Inc		n lines 4 or 5 of this form or on		
	20a.	Mortgages on o	other property		20a.	
	20b.	Real estate tax	œs		20b.	
	20c.	Property, home	eowner's, or renter's insura	ance	20c.	
	20d.	Maintenance, r	epair, and upkeep expens	ses	20d.	
	20e.	Homeowner's a	association or condominiu	m dues	20e.	
21.	Othe	er. Specify:			21.	+
22.	Calc	ulate your mont	hly expenses.			
	22a.	Add lines 4 thre	ough 21.		22a.	\$2,540.00
	22b.	Copy line 22 (n	nonthly expenses for Deb	tor 2), if any, from Official Form 1	106J-2. 22b.	
	22c.	Add line 22a ai	nd 22b. The result is your	monthly expenses.	22c.	\$2,540.00
23.	Calc	ulate your mont	hly net income.			
	23a.	Copy line 12 (y	our combined monthly inc	ome) from Schedule I.	23a.	\$3,094.00
	23b.	Copy your mor	nthly expenses from line 2	2c above.	23b.	\$2,540.00
	23c.		monthly expenses from yo our monthly net income.	ur monthly income.	23c.	\$554.00
24.	Do y	ou expect an in	crease or decrease in yc	our expenses within the year af	fter you file this form?	
				your car loan within the year or omodification to the terms of your	, , , , ,	
		No. Yes. Explain he None.	re:			

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Fill in this in	nformation to i	dentify your case	:	
Debtor 1	Cullen First Name	D Middle Name	Thompson Last Name	
Debtor 2 (Spouse, if filing		Middle Name	Last Name	_
United States E	Bankruptcy Court fo	or the: NORTHERN D	ISTRICT OF ILLINOIS	_
Case number (if known)				☐ Check if amende

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

F	art 1: Summarize Your Assets	
		Your assets Value of what you own
1.	Schedule A/B: Property (Official Form 106A/B)	
	1a. Copy line 55, Total real estate, from Schedule A/B	\$72,000.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$7,825.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$79,825.00
P	art 2: Summarize Your Liabilities	
		Your liabilities Amount you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$64,077.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	+\$8,464.00
	Your total liabilities	\$72,541.00
	Part 3: Summarize Your Income and Expenses	
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$3,094.00
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$2,540.00

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Debt	or 1	Cullen	D	Thompson	Case number (if known)				
Pa	rt 4:	First Name Answer T	Middle Name These Questions for	Last Name r Administrative and	Statistical Records				
6.	Are yo	u filing for ban	kruptcy under Chapter	s 7, 11, or 13?					
	 No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. ✓ Yes 								
7.	. What kind of debt do you have?								
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.								
	_		not primarily consumer ourt with your other sche	•	to report on this part of the form. Check this	box and submit			
				y Income: Copy your total Line 11; OR , Form 122C-1	current monthly income from Line 14.	\$2,765.00			
9.	Copy tl	he following s	pecial categories of cla	ims from Part 4, line 6 of	Schedule E/F:				
					Total claim				
	From P	Part 4 on Sche	dule E/F, copy the follo	wing:					

	a		
9a.	Domestic support obligations. (Copy line 6a.)	_	\$0.00
9b.	Taxes and certain other debts you owe the government. (Copy line 6b.)	_	\$0.00
9c.	Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	_	\$0.00
9d.	Student loans. (Copy line 6f.)	_	\$0.00
9e.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	_	\$0.00
9f.	Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+_	\$0.00
9g.	Total. Add lines 9a through 9f.		\$0.00

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Fill in this information to identify your case:								
Debtor 1	Cullen First Name	D Middle Name	Thompson Last Name	-				
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name	-				
United States Bar	United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS							
Case number (if known)					Check if this is an amended filing			
Official Form	106Dec			_				
Declaration About an Individual Debtor's Schedules								
two married people are filing together, both are equally responsible for supplying correct information.								

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below						
Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?						
☑ No						
Yes. Name of person	Attach Bankruptcy Petition Preparer's N Declaration, and Signature (Official For	-				
		,				
	ve read the summary and schedules filed with this declaration and that they are					
true and correct.						
X /s/ Cullen D Thompson	x					
Cullen D Thompson, Debtor 1	Signature of Debtor 2					
Date 07/19/2016	Date					

12/15

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Fill in this in	nformation to i	identify your case	:		
Debtor 1	Cullen	D	Thompson		
	First Name	Middle Name	Last Name		
Debtor 2	. =				
(Spouse, if filin	g) First Name	Middle Name	Last Name		
United States E	Sankruptcy Court fo	or the: NORTHERN D	ISTRICT OF ILLINOIS		
Case number					
(if known)				Check if this is an amended filing	
Official For	m 107				
			r i Lata Erra (a. Ba	1	
Statement	oi Filiancia	i Aliali's for illu	lividuals Filing for Bar	ikrupicy	
	ion. If more space		separate sheet to this form. On t	h are equally responsible for supplying the top of any additional pages, write	
your name and	tion. If more space case number (if k	ce is needed, attach a nown). Answer every	separate sheet to this form. On t	he top of any additional pages, write	
Part 1: G	tion. If more space case number (if k	e is needed, attach a nown). Answer every out Your Marital S	separate sheet to this form. On t question.	he top of any additional pages, write	
Part 1: G	tion. If more space case number (if k	e is needed, attach a nown). Answer every out Your Marital S	separate sheet to this form. On t question.	he top of any additional pages, write	
Part 1: G	tion. If more space case number (if ke ive Details Ab	e is needed, attach a nown). Answer every out Your Marital S	separate sheet to this form. On t question.	he top of any additional pages, write	
Part 1: G 1. What is you Married Not man	tion. If more space case number (if ke ive Details Ab ur current marital	ce is needed, attach a nown). Answer every Out Your Marital S status?	separate sheet to this form. On t question.	he top of any additional pages, write	
Part 1: G 1. What is you Married Not mai 2. During the	tion. If more space case number (if keeping to be tails About current marital cried	ce is needed, attach a nown). Answer every out Your Marital S status?	separate sheet to this form. On to question. Status and Where You Live other than where you live now?	the top of any additional pages, write	
Part 1: G 1. What is you Married Not mai 2. During the	tion. If more space case number (if keeping to be tails About current marital cried	ce is needed, attach a nown). Answer every out Your Marital S status?	separate sheet to this form. On to question. Status and Where You Live	the top of any additional pages, write	
Part 1: G 1. What is you Married Not man 2. During the No Yes. Li 3. Within the I	tion. If more space case number (if kinds and it is in the case of	ce is needed, attach a nown). Answer every out Your Marital S status? e you lived anywhere of you lived in the last 3 you ever live with a spo	separate sheet to this form. On to question. Status and Where You Live other than where you live now? Years. Do not include where you live ouse or legal equivalent in a com	the top of any additional pages, write	
Part 1: G 1. What is you Married Not man 2. During the No Yes. Li 3. Within the I	tion. If more space case number (if kinds and it is in the places as the state of the places as the state of the places are the property states and case of the places are the property states are case of the places are the places ar	ce is needed, attach a nown). Answer every out Your Marital S status? e you lived anywhere of you lived in the last 3 you ever live with a spo	separate sheet to this form. On to question. Status and Where You Live other than where you live now? Years. Do not include where you live ouse or legal equivalent in a com	the top of any additional pages, write d Before e now. munity property state or territory?	
Part 1: G 1. What is you Married Not man 2. During the Yes. Li 3. Within the I (Community Washington No	tion. If more space case number (if kinds in the case number (if kinds in	ce is needed, attach a nown). Answer every out Your Marital S status? E you lived anywhere of you lived in the last 3 you ever live with a spond territories include Ar	separate sheet to this form. On to question. Status and Where You Live other than where you live now? Years. Do not include where you live ouse or legal equivalent in a com	the top of any additional pages, write d Before e now. munity property state or territory?	

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Deb	otor 1	Cullen First Name	D Middle Name	Thompson Last Name	Case nur	mber (if known)	
P	art 2:	Explain the	e Sources of Y	our Income			
4.	Fill in t	the total amount o	of income you receive	nent or from operating a buved from all jobs and all bus	inesses, including par		endar years?
	☐ No	oes. Fill in the deta	ails.				
				Debtor 1		Debtor 2	
				Sources of income Check all that apply.	Gross income (before deductions and exclusions	Sources of income Check all that apply.	Gross income (before deductions and exclusions
		ary 1 of the curr ou filed for bankr	•	Wages, commissions, bonuses, tips	\$10,000.00	Wages, commissions, bonuses, tips	
				Operating a business		Operating a business	
For	the las	t calendar year:		Wages, commissions, bonuses, tips	\$65,000.00	Wages, commissions, bonuses, tips	
(Jar	nuary 1	to December 31,	2015)	Operating a business		Operating a business	
		endar year befor		Wages, commissions, bonuses, tips	\$60,000.00	Wages, commissions, bonuses, tips	
(Jar	nuary 1	to December 31,	2014) YYYY	Operating a business		Operating a business	
5.	Include unemp	e income regardle ployment; and oth ambling and lotter	ess of whether that i er public benefit pa	yments; pensions; rental inc	es of other income are come; interest; dividend	alimony; child support; Socia ds; money collected from lav eceived together, list it only c	vsuits; royalties;
			e gross income fror	m each source separately. I	Do not include income	that you listed in line 4.	
	☐ No	oes. Fill in the deta	ails.				
				Debtor 1		Debtor 2	
				Sources of income Describe below.	Gross income from each source (before deductions and exclusions	Sources of income Describe below.	Gross income from each source (before deductions and exclusions
		ary 1 of the curr	•	unemployment	\$3,636.00		
the	date yo	ou filed for bankr	uptcy:				
For	the las	t calendar year:					
(Jar	nuary 1	to December 31,	2015)				
		endar year beforto December 31,					
(vai	iddiy i	· .	<u>2014</u>) YYYY				

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Deb	otor 1	Cullen First Name	D Middle Name	Thompson Last Name	Case number (if known)	_
P	art 3:			ou Made Before You Fi	led for Bankruptcy	
3.				primarily consumer debts		
	□ No.	Neither I	Debtor 1 nor Debtor 2		bts. Consumer debts are defined in 11 U.S.	C. § 101(8) as
		During th	ie 90 days before you fi	led for bankruptcy, did you p	ay any creditor a total of \$6,425* or more?	
		☐ No. (Go to line 7.			
		☐ Yes.	total amount you paid t	hat creditor. Do not include	\$6,425* or more in one or more payments an payments for domestic support obligations, s ments to an attorney for this bankruptcy case	uch as
		* Subject	to adjustment on 4/01/	19 and every 3 years after th	at for cases filed on or after the date of adjus	stment.
	✓ Yes	Debtor 1	or Debtor 2 or both h	ave primarily consumer de	bts.	
		During th	ie 90 days before you fi	led for bankruptcy, did you p	ay any creditor a total of \$600 or more?	
		☑ No. (Go to line 7.			
			creditor. Do not include		\$600 or more and the total amount you paid port obligations, such as child support and as bankruptcy case.	
7.	Insiders corpora agent, in	s include you tions of whic ncluding one	ur relatives; any general ch you are an officer, di	l partners; relatives of any ge rector, person in control, or o	ent on a debt you owed anyone who was a ineral partners; partnerships of which you are wner of 20% or more of their voting securities U.S.C. § 101. Include payments for domes	e a general partner; s; and any managing
	Yes	. List all pa	yments to an insider.			
3.	benefite	ed an inside	er?		ments or transfer any property on accour	nt of a debt that
		payments o	n debts guaranteed or c	cosigned by an insider.		
	✓ No ☐ Yes	s. List all pa	yments that benefited a	ın insider.		
Б	art 4:	Idontifu	l and Actions Da	naccosions and Fo	reelectives	
).	Within 1	1 year before	re you filed for bankru		ny lawsuit, court action, or administrative ns, divorces, collection suits, paternity action	
	□ No ✓ Yes	s. Fill in the	details.			
Cas	se title			of the case	Court or agency	Status of the case
Ru	disill LL	C A Wisco	nsin LLC		Rock County Circuit Court Court Name	Pending
Cas	se numbe	r 14SC00 0	00993		Number Street	Concluded
					City State ZIP	Code

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Deb	tor 1	Cullen	D	Thompson	Case number (if k	nown)		
40	\A/:41-:	First Name	Middle Name	Last Name		d		
10.	 Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. 							
	_	Go to line 11. s. Fill in the informati	on below.					
11.				uptcy, did any creditor, includir o make a payment because you		stitution, set off any	′	
	✓ No ☐ Yes	s. Fill in the details.						
12.				otcy, was any of your property i ustodian, or another official?	in the possession of an	assignee for the be	nefit of	
	✓ No ☐ Yes	;						
Pa	art 5:	List Certain G	ifts and Con	ntributions				
13.	Within	2 years before you f	filed for bankru	ıptcy, did you give any gifts wit	h a total value of more	than \$600 per perso	n?	
	✓ No ☐ Yes	s. Fill in the details fo	or each gift.					
14.		2 years before you f charity?	filed for bankru	uptcy, did you give any gifts or	contributions with a tot	al value of more tha	n \$600	
	✓ No ☐ Yes	s. Fill in the details fo	or each gift or co	ontribution.				
Pa	art 6:	List Certain Lo	osses					
15.		1 year before you fil isaster, or gambling		otcy or since you filed for bankı	ruptcy, did you lose any	thing because of th	eft, fire,	
	✓ No ☐ Yes	s. Fill in the details.						
Pá	art 7:	List Certain Pa	ayments or	Transfers				
16.	anyone	you consulted abo	ut seeking ban	otcy, did you or anyone else act kruptcy or preparing a bankrup reparers, or credit counseling age	otcy petition?			
	□ No ☑ Yes	s. Fill in the details.						
	nmit Fir	nancial Education	1	Description and value of any	property transferred	Date payment or transfer was made	Amount of payment	
						6/1/2016	\$25.00	
Num	ber Str	eet						
City		State	ZIP Code					
Emai	il or websit	e address						
Perso	on Who M	lade the Payment, if Not	You					

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Debte	· · · <u> · · · </u>	llen Name	D Middle Name	Thompson Last Name	Case number (if k	nown)	
	Cricket Debt Counseling Person Who Was Paid			Description and value of any pro	perty transferred	Date payment or transfer was made	Amount of payment
Numb	Number Street					06/1/2016	\$25.00
City		State	ZIP Code				
Email	or website add	dress					
Perso	n Who Made	he Payment, if Not	You				
;	anyone wh	o promised to h	elp you deal w	otcy, did you or anyone else acting ith your creditors or to make payn			perty to
	√ No	Il in the details.	or transfer triat	you listed on line 16.			
18.	— Within 2 ye	ars before you		uptcy, did you sell, trade, or otherw se of your business or financial aff		perty to anyone, ot	her than
		-		made as security (such as granting ave already listed on this statement.	of a security interest of	or mortgage on your	property).
	☑ No ☐ Yes. Fi	II in the details.					
	•	•		ruptcy, did you transfer any proper called asset-protection devices.)	rty to a self-settled tr	ust or similar devic	ce of which
	☑ No ☐ Yes. Fi	II in the details.					
Pa	rt 8: L	ist Certain F	inancial Acc	ounts, Instruments, Safe De	posit Boxes, and	d Storage Units	
		ar before you fi sed, sold, move		otcy, were any financial accounts o	or instruments held i	n your name, or for	your
		J. J.	•	or other financial accounts; certificate siations, and other financial institution	•	n banks, credit unior	ns, brokerage
	☑ No ☐ Yes. Fi	II in the details.					

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Deb	otor 1	Cullen	D	Thompson	Case number (if known)	
	Da	First Name	Middle Name	Last Name		
۷۱.	-	urities, cash, or oth		ir before you filed for bai	nkruptcy, any safe deposit box or other depository	
	✓ No ☐ Yes	. Fill in the details.				
22.	Have yo ✓ No	ou stored property	in a storage unit or p	place other than your ho	me within 1 year before you filed for bankruptcy?	
	_	. Fill in the details.				
Ρ	art 9:	Identify Prope	erty You Hold or	Control for Someon	e Else	
23.	-	hold or control and in trust for someon		one else owns? Include	any property you borrowed from, are storing for,	
	✓ No ☐ Yes	. Fill in the details.				
Ρ	art 10:	Give Details A	About Environme	ental Information		
or	the purp	ose of Part 10, the	following definitions	s apply:		
ı	hazardou	s or toxic substan	ce, wastes, or mater	ial into the air, land, soil,	on concerning pollution, contamination, releases of surface water, groundwater, or other medium, unces, wastes, or material.	
		-		defined under any environ Cluding disposal sites.	onmental law, whether you now own, operate, or	
				mental law defines as a l minant, or similar item.	hazardous waste, hazardous substance, toxic	
Rep	oort all no	otices, releases, an	nd proceedings that y	ou know about, regardle	ess of when they occurred.	
24.	Has any law?	/ governmental uni	it notified you that yo	ou may be liable or poten	ntially liable under or in violation of an environmental	
	✓ No ☐ Yes	. Fill in the details.				
25.	Have yo	ou notified any gov	ernmental unit of an	y release of hazardous n	naterial?	
	✓ No ☐ Yes	. Fill in the details.				
26.	Have you	ou been a party in a	any judicial or admin	istrative proceeding und	ler any environmental law? Include settlements and	
	✓ No ☐ Yes	. Fill in the details.				

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Deb	otor 1	Cullen	D	Thompson	Case number (if known)
		First Name	Middle Name	Last Name	
Pa	art 11:	Give Deta	ils About Your Bu	siness or Connections	s to Any Business
27.	Within busines	-	you filed for bankrupt	cy, did you own a busines	s or have any of the following connections to any
		A member of A partner in a An officer, dir	a limited liability compa partnership ector, or managing exe	ny (LLC) or limited liability pa	
	لــنا		bove applies. Go to Pa at apply above and fill in	rt 12. the details below for each b	usiness.
28.		-	you filed for bankrupt ns, creditors, or other	• •	statement to anyone about your business? Include
	□ No □ Yes	s. Fill in the det	ails below.		
P	art 12:	Sign Belo	w		
that proportion	answer perty by ooth. 18	s are true and fraud in conne U.S.C. §§ 152,	correct. I understand ection with a bankrupt 1341, 1519, and 3571.	that making a false statem cy case can result in fines	chments, and I declare under penalty of perjury ent, concealing property, or obtaining money or up to \$250,000, or imprisonment for up to 20 years,
-		en D Thompson, Del		X Signature of Debtor	2
	Date	07/19/2016	_	Date	
Did	you atta	ıch additional ı	pages to Your Stateme	nt of Financial Affairs for l	ndividuals Filing for Bankruptcy (Official Form 107)?
\Box	No Yes				
Did	you pay	or agree to pa	y someone who is no	an attorney to help you fil	I out bankruptcy forms?
		ime of person _			Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

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B2030 (Form 2030) (12/15)

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS CHICAGO DIVISION (EASTERN)

In	re Cullen D Thompson	Case No.		
		Chapter	13	
	DISCLOSURE OF COMPENSATION OF A	TTORNEY FOR	DEBTOR	
1.	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that that compensation paid to me within one year before the filing of the petis services rendered or to be rendered on behalf of the debtor(s) in contemis as follows:	tion in bankruptcy, or a	agreed to be paid to me, for	
	For legal services, I have agreed to accept	\$4	1,000.00	
	Prior to the filing of this statement I have received		\$0.00	
	Balance Due	\$4	1,000.00	
2.	The source of the compensation paid to me was: ☐ Other (specify)			
3.	The source of compensation to be paid to me is:			
	✓ Debtor ☐ Other (specify)			
4.	I have not agreed to share the above-disclosed compensation with a associates of my law firm.	any other person unle	ss they are members and	
	I have agreed to share the above-disclosed compensation with anot associates of my law firm. A copy of the agreement, together with a compensation, is attached.			
5.	In return for the above-disclosed fee, I have agreed to render legal service	ce for all aspects of the	e bankruptcy case, including:	
	a. Analysis of the debtor's financial situation, and rendering advice to the bankruptcy;	e debtor in determining	g whether to file a petition in	
	b. Preparation and filing of any petition, schedules, statements of affairs	and plan which may b	pe required;	
	c. Representation of the debtor at the meeting of creditors and confirma	tion hearing, and any	adjourned hearings thereof;	

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B2030 (Form 2030) (12/15)

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

SERVICES REQUESTED AFTER DISCHARGE AND/OR DISMISSAL REPRESENTATION OF THE DEBTOR IN ADVERSARY PROCEEDINGS

Phone: (847) 634-8800 / Fax: (847) 634-8932

/s/ Cullen D Thompson

Cullen D Thompson